

# NOTICE OF RESIGNATION 退会届

Membership No. 会員番号 :

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Name of Main Applicant 正会員氏名 (ローマ字) : \_\_\_\_\_

Name of Company 会社名 : \_\_\_\_\_

★ Requested Date of Resignation 退会希望日: \_\_\_\_\_  
DD / MM / YYYY

★ Reason of the Resignation 退会理由: \_\_\_\_\_

Family members who are **resigning with main member**

(Regardless of whether membership card is issued or not)

**今回正会員と同時に退会する家族会員** (会員証が発行されていない家族会員を含みます)  
(ローマ字でご記入下さい)

Name 姓名 (ローマ字)	Relationship (続柄)

Signature of Main Applicant / 正会員署名

Date / 提出日

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DD MM YYYY

\* If the form is submitted by fax or E-mail, please mail the original notice with member's signature by post together with membership card(s).

Fax/Email で提出される場合は、正会員署名のあるオリジナル原本と会員証を追って郵送して下さい。

For office use only

<MAILING ADDRESS> 宛名と住所  
THE JAPANESE ASSOCIATION, SINGAPORE  
120 ADAM ROAD SINGAPORE 289899

<FRONT OFFICE> 代表電話:6468-0066  
フロントデスク : 65918136/37  
Email Address : [info@jas.org.sg](mailto:info@jas.org.sg)

Data Received:	Data Handled By:
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# DEPOSIT(S\$200)/OVERPAYMENT Refund Request Form

Membership No  Name of Main Applicant \_\_\_\_\_

We have received your Notice of Resignation by: FAX / Email / Mail / Hand

**Date of Resignation** Your Date of Resignation will be on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YY

Please fill in the following by  your preference & return to Japanese Association.

I wish to pay the Outstanding amount S\$ \_\_\_\_\_ by:

- Cash/Nets/PayNow       Bank Transfer       Offset Deposit  
 \*Giro deduction (Last deduction date:      /      /      )

I wish to receive the Deposit/Overpayment amount S\$ \_\_\_\_\_ by:

- Donation** for the maintenance and management of the Japanese cemetery.

(Contributions for \$100 & above will be recorded in the list of donors situated at the cemetery)

- Bank Transfer:** Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Name: \_\_\_\_\_  
Email address: \_\_\_\_\_ @ \_\_\_\_\_

Please keep your bank account active until you receive your deposit refund,  
which is typically processed by next month or the following month.

Signature of Member \_\_\_\_\_ Date      /      /      Tel \_\_\_\_\_

\*GIRO (if applicable) will be terminated upon membership withdrawal with zero outstanding.

## FOR OFFICE USE ONLY 事務局使用欄

NOTICE OF RESIGNATION HANDLED BY: Name & Date:	ACCOUNTS CHECKED BY: Name & Date:
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